COMBINED DECLARAPPLICATION WITH				ATTORNEY'S DOCKE PU3126USW First Names Inventor: GLOVER (former Carter)	
() Declaration submitted with initial	Complete if known App No.:	1:			
() Declaration submitted after initial	09/647,962				
				Filing Date October 6, 2000	
				Group Art Unit:	
				1623	_
As below named	inventor. I hereb	y declare that:			
My residence, post office a	address and citize	enship are as stated b	elow next to my name.		
(if plural names are listed entitled:	first and sole inv below) of the sub	ventor (if only one na ject matter which is	ame is listed below) or an original, the claimed and for which a patent is so	irst and joint invento ought on the invention	r n
NOVEL CR			IVIRAL BENZIMIDAZOLE CO	OMPOUND	
the specification of which	(check only one	item below):			
OR Was filed on			ial No or PCT In was amended on (MM/DD/YYYY		
(if	applicable) reviewed and und	erstand the contents	of the above-identified specification		ıs,
I acknowledge the duty to	disclose informa	tion which is materia	al to patentability as defined in 37 (CFR §1.56.	
or inventor's certificate or United States of America.	365(a) of any PC listed below and cate or of any PC	CT international appl have also identified	a)-(d) or §365(b) of any foreign ap ication which designated at least or below, by checking the box, any foreign having a filing date before the	ne country other than areign application for	the
PRIOR FOREIGN AND ANY P			S.C. 119:	PRIORI	TV
Prior Foreign Application Number (s)	· · · · · · · · · · · · · · · · · · ·	Country	Foreign Filing Date (MM/DD/YYYY))	CLAIM	
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	itle 35, United St		f any United States provisional app	ication(s) listed below	<u>w:</u>
Application No.	!	Filing I	Date (MM/DD/YYYY)		
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PU3126USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	U.S. I AIKENT A	PPLICATION or PCT PARE			one)	
II C E	Parent Application or P	CT Parent Parent F	iling Date	PATENTED	PENDING	ABANDONED
U.S. P	Number		D/YYYY)			
	110111001					
				- 1/ cont/s) to pros	equite this application as	nd transact all business
OWER	OF ATTORNEY: As	a named inventor, I hereby appoint the	following attorney(s)	and/or agenus) to pros	cource una apprication di	ard durious and second
the U.S	. Patent and Trademarl	Office connected therewith. (List name	e and registration itu	inoci)		
D	:4 1 1	Reg. No. 27,655 Ja	mes P. Riek	Reg. No. 39,009	Bonnie L. Deppenbro	ock Reg. No. 28,209
			irginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
			ank P.Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
		Reg. No. 36,094	hristopher P. Rogers	Reg. No. 36,334		
			orie Ann Morgan	Reg. No. 38,181		
EliZ	apour soroy					
and C	orrespondence to:				Direct Telephone C	Calls to:
ena C	David J. Levy, Pate	nt Counsel			,	Ann Morgan
#	David J. Levy, Fate	ual Property Department				Ann Morgan
**:	GlaxoSmithKline	dat rioperty Department	23347		919	-483-8222
Ï	Five Moore Drive, l	PO Box 13398	23341		1	
	Describ Triongle	Dawle N.C. 27700	PATENT TRADEMARK C			
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		DECLARATION	N FOR "371" APPLICATION	
٠.	11.			SECOND GIVEN NAME/INITIAL
*	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	LANCASTER	Robert	William
- [INVENTOR'S			DATE:
- [SIGNATURE			COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	1
- 1	CITIZENSHIP	Stevenage	GB	STATE & ZIP CODE/COUNTRY
Ī	POST OFFICE	POST OFFICE ADDRESS	СПУ	1
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1	1	Five Moore Drive, PO Box		1
1		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LONG	Stacey	Todd
-	INVENTOR'S	20113		DATE:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
٧	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
4	ADDICESS	Five Moore Drive, PO Box		1
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		13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	Michele	Catherine
2	OF INVENTOR	RIZZOLIO	Whenete	
	INVENTOR'S			DATE:
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY Durham	NC	CH (Switzerland)
1	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	NC 27709 US
5	ADDRESS		Research Triangle I man	
		Five Moore Drive, PO Box		
		13398		SECOND GIVEN NAME/INITIAL
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	Allen
2	OF INVENTOR	SCHMITT	Eric	
1	"INVENTOR'S	1 //		DATE:
	SIGNATURE	Jan Well	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	crtr	1	US
	CITIZENSHIP	Libertyville	IL	STATE & ZIP CODE/COUNTRY
2	POST OFFICE	POST OFFICE ADDRESS		IL 60048 US
6	ADDRESS	301 Evergreen Court	Libertyville FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-	FULL NAME	FAMILY NAME	•	Riddle
2	OF INVENTOR	SICKLES	Barry	DATE:
1	INVENTOR'S	1		DATE.
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	NC	US
	CITIZENSHIP	Durham	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	NC 27709 US
7	ADDRESS	GlaxoSmithKline	Nescai chi i i i angle i ai k	1
		Five Moore Drive, PO Box		
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COMBINED DECLAR	ATION FO	R UTILITY OF	R DESIGN PATENT	ATTORNEY'S DOCKET PU3126USW				
APPLICATION WITH	POWER (OF ATTORNEY	•	First Names Inventor:				
				GLOVER (formerly				
				Carter)				
				Complete if known:				
() Declaration submitted with initial	App No.:							
() Declaration submitted after initial	09/647,962							
				Group Art Unit:				
				1623				
As below named	inventor. I herel	by declare that:						
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.					
(if plural names are listed	, first and sole in below) of the sub	ventor (if only one name oject matter which is cla	e is listed below) or an original, fi imed and for which a patent is so	rst and joint inventor ught on the invention				
entitled: NOVEL CR	YSTALLINE FO	ORMS OF AN ANTIV	TRAL BENZIMIDAZOLE CO	MPOUND				
the specification of which	(check only one	item below):						
[] is attached hereto.								
OR [[x] was filed on	as United S	States application Serial	No or PCT Inte	ernational				
was filed on	as Office t	rates application oction	or a contract that	Jinacionai				
Application Number PCT	<u>/EP99/02214_fil</u>	ed <u>April 1, 1999</u> and wa	s amended on (MM/DD/YYYY)					
d 20.	applicable)							
I hereby state that I have r	eviewed and und	erstand the contents of t	he above-identified specification	, including the claims,				
as amended by any amend			•	-				
I acknowledge the duty to	disclose informa	tion which is material to	patentability as defined in 37 CI	FR §1.56.				
I hereby claim foreign prid	ority benefits und	ler 35, U.S.C. 8119 (a)-	(d) or §365(b) of any foreign app	lications(s) for patent				
			tion which designated at least one					
United States of America,	listed below and	have also identified bel	ow, by checking the box, any for	eign application for				
	cate or of any PC	T international applicat	ion having a filing date before that	at of the application on				
which priority is claimed:								
PRIOR FOREIGN AND ANY P	RIORITY CLA	IMS UNDER 35 U.S.C	. 119:					
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED				
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Page 1 of 3

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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U.S. Parent Application or PCT Parent			····		STATUS (Check	-,
U.S. 1	Parent Application or Number	PCT Parent	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
OWER	OF ATTORNEY: A	as a named inventor, I hereby a	ppoint the following attorney	r(s) and/or agent(s) to pro	secute this application a	nd transact all busines
the U.S	S. Patent and Tradema	rk Office connected therewith.	(List name and registration	number)		
Dav	id J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbr	ock Reg. No. 28,209
	rles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Kar	en L. Prus	Reg. No. 39,337	Frank P.Grassler	Reg. No. 31,164	Amy H. Fix	Reg. No. 42,616
Rob	ert H. Brink	Reg. No. 36,094	Christopher P. Roge		•	
	abeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		
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and Ö	rrespondence to:				Direct Telephone C	alls to:
	David J. Levy, Pate	and Coursel	1 1 11 11 11 111 11111 1 1111 11111 1111		1	
11	David J. Levy, Pate	ent Counsei	(151 1(1 11 161 111 61 1111 11 111 1 1111 1 11	166	Lorie	Ann Morgan
15		tual Property Department		1881		-483-8222
n	GlaxoSmithKline		23347		1 ""	105 0LLL
4 500	Five Moore Drive,		PATENT TRADEMARK OF	FICE		
- #	Research Triangle					
ļ=ā:	I hereby declare	that all statements made	herein of my own know	vledge are true and t	hat all statements m	ade on informatio
C)	and belief are be	lieved to be true; and fur	ther that these statemer	its were made with t	he knowledge that v	villful false
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Ü	raise statements	may jeopardize the valid	ity of the application of	any patent issuing t	nereon.	
inter	FULL NAME	FAMILY NAME	FIRST GIVEN	NAME	SECOND GIVEN NAM	E/INITIAL
2	OF INVENTOR	GLOVER	Bobby		Neal	
- "	INVENTOR'S					/ /
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- 1	CITIZENSHIP	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/C	OUNTRY
. 1	POST OFFICE	GlaxoSmithKline		Triongle Dowle	NC 27709 US	OUNT
1	ADDRESS	1		Triangle Park	NC 21109 03	
		Five Moore Drive, PC) Box			
		13398				
	FULL NAME	FAMILY NAME	FIRST GIVEN	NAME	SECOND GIVEN NAM	E/INITIAL
2	OF INVENTOR	HUANG	Lian-Fen	2		
- 1	INVENTOR'S	 		 	DATE:	
	SIGNATURE				2011.	
0	RESIDENCE &	CITY	STATE OR FO	REIGN COUNTRY	COUNTRY OF CITIZE	NSHIP
٠	CITIZENSHIP	Durham	NC		US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/C	OUNTRY
ا ر		GlaxoSmithKline, Inc		Triangle Park	NC 27709 US	
2	ADDRESS			i i iangic i ai n	110 21 102 03	
	1	Five Moore Drive, PC) BOX		1	
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•				SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	William
2	OF INVENTOR	LANCASTER	Robert	DATE:
ľ	INVENTOR'S			DATE:
	SIGNATURE			COUNTRY OF CITIZENSHIP
0 -	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	1
	CITIZENSHIP	Stevenage	GB	GB STATE & ZIP CODE/COUNTRY
ľ	POST OFFICE	POST OFFICE ADDRESS	CITY	
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
Ť		Five Moore Drive, PO Box		1
		13398	•	
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	LONG	Stacey	Todd
2	OF INVENTOR	LONG	Since	DATE:
	INVENTOR'S	Toodd	7	DATE: Oct. 1,2001
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &		NC US	US
	CITIZENSHIP	Durham POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	NC 27709 US
4	ADDRESS		Research Triangle Lain	1,02
		Five Moore Drive, PO Box		Ì
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RIZZOLIO	Michele	Catherine
۷	INVENTOR'S			DATE:
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0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
U	CITIZENSHIP	Durham	NC	CH (Switzerland)
:	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
J 4	ADDIGOS	Five Moore Drive, PO Box		
ľ				1
		13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
:3:	FULL NAME	FAMILY NAME	Eric	Allen
2	F OF INVENTOR	SCHMITT	Eric	
	INVENTOR'S			DATE:
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	IL.	US
4	CITIZENSHIP	Libertyville	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Libertyville	IL 60048 US
6	ADDRESS	301 Evergreen Court	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
î	FULL NAME	FAMILY NAME		Riddle
2	OF INVENTOR	SICKLES	Barry	
#	INVENTOR'S			DATE:
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY		US
	CITIZENSHIP	Durham	NC	STATE & ZIP CODE/COUNTRY
1	POST OFFICE	POST OFFICE ADDRESS	CITY December Triangle Park	NC 27709 US
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	110 21107 00
1	1	Five Moore Drive, PO Box		
}		13398		
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU3126USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION								
A AROM ONLY A RANGE AND MADE AND A COMMING THE ADDITIONAL OF THE A							STATUS (Check one)	
11.5	Parent Application or	PCT Parent	Parent Filin	og Date		PATENTED	PENDING	ABANDONED
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POWER	OF ATTORNEY: A	s a named inventor, I	hereby appoint the fol	lowing attorney(s)) and/(or agent(s) to prose	cute this application	n and transact all business
in the U.S	. Patent and Tradema	rk Office connected ti	erewith. (List name a	nd registration nu	moer)			
Day	id J. Levy	Reg. No. 27,655	James	s P. Riek	Res	z. No. 39,009	Bonnie L. Depper	brock Reg. No. 28,209
	rles E. Dadswell	Reg. No. 35,851		nia C. Bennett		g. No. 37,092		ricz Reg. No. 37,380
	n L. Prus	Reg. No. 39,337		P.Grassler		g. No. 31,164	Amy H. Fix	Reg. No. 42,616
Rob	ert H. Brink	Reg. No. 36,094	Chris	topher P. Rogers	Re	g. No. 36,334		
Eliz	abeth Selby	Reg. No. 38,298	Lorie	Ann Morgan	Reg	. No. 38,181		
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	rrespondence to:				l		Direct Telephone	Calls to:
	David J. Levy, Pate	ent Counsel					Lor	ie Ann Morgan
Time.	Corporate Intellect	ual Property Depart	ment	23347	•			19-483-8222
17	GlaxoSmithKline Five Moore Drive,	DO Dov. 12200		23347			1	19 103 0222
10 100	Research Triangle	Pork NC 27709	PATENT	TRADEMARK OFFICE	E			
			s made herein of n	ay over knowle	anhe	are true and the	at all statements	made on information
			and further that th					
	and belief are be	neved to be true;	and further that th	ese statements	wer	e made with the	10 TT C C 100	t willful laise
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24 13.	false statements	may jeopardize th	e validity of the a	pplication or a	ıny pa	atent issuing the	ereon.	
	FULL NAME	FAMILY NAME		FIRST GIVEN NA	ME		SECOND GIVEN NA	AME/INITIAL
2	OF INVENTOR	GLOVER		Bobby			Neal	
2 1	INVENTOR'S	OLO VLIK		, 2022,			DATE:	
	SIGNATURE						DATE.	
0	RESIDENCE &	CITY		STATE OR FOREI	IGN CO	UNTRY	COUNTRY OF CIT	IZENSHIP
	CITIZENSHIP	Durham		NC			US	
	POST OFFICE	POST OFFICE ADDRE		CITY	_		STATE & ZIP COD	
1	ADDRESS	GlaxoSmithKli		Research Ti	riang	gle Park	NC 27709 U	S
		Five Moore Dr	ive, PO Box					
		13398						
	FULL NAME	FAMILY NAME		FIRST GIVEN NAI	ME		SECOND GIVEN N	AME/INITIAL
2	OF INVENTOR	HUANG		Lian-Feng				
i	INVENTOR'S	Lient	_1_				DATE:	en 24 2001
	SIGNATURE	CITY	7- 1	STATE OR FORE	ICN CC	MINTOV	COUNTRY OF CIT	ep 24. 2001 IZENSHIP
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	CITIZENSHIP	POST OFFICE ADDRE	88	CITY			STATE & ZIP COD	E/COUNTRY
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LANCASTER	Robert	William
	INVENTOR'S			DATE:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
U	CITIZENSHIP	Stevenage	GB	GB
		POST OFFICE ADDRESS	CITY	1 -
	POST OFFICE			STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
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	FINANCE	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME		L.	
2	OF INVENTOR	LONG	Stacey	Todd
	INVENTOR'S			DATE:
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0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
·	11001000	t	Tresoure Triangle X and	110 27707 05
		Five Moore Drive, PO Box		
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RIZZOLIO	Michele	Catherine
- 1	INVENTOR'S		1	
j=	SIGNATURE	#==		DATE: SEPT 25, 2001
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
' 🖫	CITIZENSHIP	Durham	NC	CH (Switzerland)
l		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline		NC 27709 US
5	ADDRESS		Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
., ₂ -		13398		
9911	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SCHMITT	Eric	Allen
#	INVENITORIC	DOMINITA	1216	
ļu	INVENTOR'S	f		DATE:
.545	SIGNATURE			
0 😓	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
100	CITIZENSHIP	Libertyville	IL	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
6	ADDRESS	301 Evergreen Court	Libertyville	IL 60048 US
120	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2		SICKLES	Barry	Riddle
	INVENTOR'S			DATE:
	SIGNATURE)
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
-	POST OFFICE	GlaxoSmithKline		
7	ADDRESS		Research Triangle Park	NC 27709 US
	Į.	Five Moore Drive, PO Box	1	
	1	13398	į.	
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LANCASTER	Robert	William
	INVENTOR'S			DATE:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
,	ADDICESS		Research Triangle Turk	1,02,111
		Five Moore Drive, PO Box		
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LONG	Stacev	Todd
_	INVENTOR'S	~~~~		DATE:
	SIGNATURE	į		DATE.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
٠,	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4			Research Triangle Park	NC 27709 US
4	ADDRESS	GlaxoSmithKline	Research Itiangle Lark	NC 27707 05
		Five Moore Drive, PO Box		1
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RIZZOLIO	Michele	Catherine
_	INVENTOR'S	111111111111111111111111111111111111111		DATE:
	SIGNATURE			DATE:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CH (Switzerland)
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
, ,	ADDRESS		Research Triangle Lark	110 21105 00
1	164 1	Five Moore Drive, PO Box		
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 .	OF INVENTOR	SCHMITT	Eric	Allen
14	: INVENTOR'S			DATE:
-	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Libertyville	\mathbf{L}	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	301 Evergreen Court	Libertyville	IL 60048 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SICKLES	Barry	Riddle
2 ::			parry	DATE:
	INVENTOR'S	In Kudde Suy	lin	DATE: 27 Sept 2001
	SIGNATURE	CITY Lance Au	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &		NC	US
	CITIZENSHIP	Durham		STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	City	
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
	1	Five Moore Drive, PO Box	1	
		13398	1	
	<u> L</u>	100/0	<u> </u>	J

		TION FOR UTILITY OF OWER OF ATTORNEY		ATTORNEY'S DOCKET PU3126USW First Names Inventor: GLOVER (formerly Carter) Complete if known:
() Dec	laration submitted with initial fil	App No.:		
() Decl	aration submitted after initial fili	09/647,962		
, ,				Filing Date October 6, 2000
				Group Art Unit:
				1623
	As below named in	ventor. I hereby declare that:		
	My residence, post office ad	dress and citizenship are as stated bel	ow next to my name.	
	(if plural names are listed be	irst and sole inventor (if only one namelow) of the subject matter which is clearned the subject matter which is clearned to the subject of t	aimed and for which a patent is s	ought off the invention
Ö	the specification of which (o			
The party of the p	Application Number PCT/E (if application Number PCT/E) I hereby state that I have reas amended by any amendrated as amended by any amendrated I acknowledge the duty to or inventor's certificate or in	as United States application Serial (EP99/02214 filed April 1, 1999 and very poplicable) viewed and understand the contents of the specifically referred to above. It is close information which is material rity benefits under 35, U.S.C. §119 (a 365(a) of any PCT international application of any PCT international applicate or of any PCT international applications.	ras amended on (MM/DD/YYY) f the above-identified specification to patentability as defined in 37)-(d) or §365(b) of any foreign at a least of the control of the contro	on, including the claims, CFR §1.56. pplications(s) for patent one country other than the foreign application for
	which priority is claimed:			
		RIORITY CLAIMS UNDER 35 U.S Country	.C. 119: Foreign Filing Date	PRIORITY
Pri	for Foreign Application Number (s)		(MM/DD/YYYY))	CLAIMED
1.GB		9807354.7	April 7, 1998	X
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I here		tle 35, United States Code §119(e) of	any United States provisional ap	plication(s) listed below:
1	Application No.	Filing D	ate (MM/DD/YYYY)	
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU3126USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	PCT international filir						
RIOR	U.S. PARENT A	PPLICATION or 1	PCT PARENT	APPLICATI	ON		
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U.S. F	arent Application or P	CT Parent	Parent Filin (MM/DD/Y		PATENTED	PENDING	ABANDONED
	on immoratory. A	1 in contact I have	shy annoint the fol	llowing attorney(s)	and/or agent(s) to pro-	secute this application	and transact all business
OWER the U.S	OF ATTORNEY: As Patent and Trademark	s a named inventor, I her k Office connected there	with. (List name a	and registration nur	nber)	•••	
Dav Cha	id J. Levy rles E. Dadswell	Reg. No. 27,655 Reg. No. 35,851	Jame Virgi	s P. Riek inia C. Bennett k P.Grassler	Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164	Bonnie L. Deppenb John L. Lemanowic Amy H. Fix	rock Reg. No. 28,209 zz Reg. No. 37,380 Reg. No. 42,616
=Rob	en L. Prus ert H. Brink abeth Selby	Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298	Chris	stopher P. Rogers Ann Morgan	Reg. No. 36,334 Reg. No. 38,181		
Send C	Five Moore Drive,	nt Counsel ual Property Departmo PO Box 13398	ent 233				Calls to: 2 Ann Morgan 9-483-8222
	Research Triangle	Park, NC 27709			- 1	1 (11 -t-t-monto	made on information
	I hereby declare and belief are be	that all statements	nade herein of and further that to	my own knowle hese statements fine or imprison application or a	ment, or both, unany patent issuing	der 18 U.S.C. 1001 thereon.	, and that such will
	I hereby declare and belief are be statements and the false statements	that all statements in the like so made are may jeopardize the	nade herein of and further that to	my own knowle hese statements fine or imprison application or a	ment, or both, unany patent issuing	der 18 U.S.C. 1001	, and that such will
i Tu	I hereby declare and belief are be statements and the false statements FULL NAME OF INVENTOR INVENTOR'S	that all statements in elieved to be true; and the like so made are may jeopardize the	nade herein of and further that the	my own knowle hese statements fine or imprison application or a	ment, or both, unany patent issuing	der 18 U.S.C. 1001 thereon. SECOND GIVEN NA Neal DATE:	, and that such wills
	I hereby declare and belief are be statements and the false statements FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	that all statements in the like so made are may jeopardize the FAMILY NAME GLOVER	nade herein of and further that the	my own knowle hese statements fine or imprison application or a FIRST GIVEN NA Bobby	nment, or both, unany patent issuing	der 18 U.S.C. 1001 thereon. SECOND GIVEN NA Neal DATE: COUNTRY OF CITE US	, and that such will:
2.	I hereby declare and belief are be statements and the false statements FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	that all statements in the like so made are may jeopardize the FAMILY NAME GLOVER CITY Durham POST OFFICE ADDRESS GlaxoSmithKlin Five Moore Drive	nade herein of ad further that to punishable by a validity of the	my own knowle hese statements fine or imprison application or a Bobby STATE OR FORE NC CITY	nment, or both, unany patent issuing	der 18 U.S.C. 1001 thereon. SECOND GIVEN NA Neal DATE: COUNTRY OF CITE	meinitial Zenship
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0	I hereby declare and belief are be statements and the false statements. FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	that all statements in the lieved to be true; as the like so made are may jeopardize the may jeopardize the GLOVER CITY Durham POST OFFICE ADDRESS GlaxoSmithKlin Five Moore Drive 13398 FAMILY NAME HUANG	nade herein of ad further that to punishable by a validity of the	my own knowle hese statements fine or imprisor application or a Bobby STATE OR FORE NC CITY Research T	ment, or both, unany patent issuing ME CIGN COUNTRY Criangle Park	der 18 U.S.C. 1001 thereon. SECOND GIVEN NA Neal DATE: COUNTRY OF CITT US STATE & ZIP CODE NC 27709 US	meanitial ZENSHIP EJCOUNTRY S
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	r	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	LANCASTER	Robert?	William
2	OF INVENTOR			
	INVENTOR'S SIGNATURE	Robers	ces	29th appended and
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		1
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LONG	Stacey	Todd
2	INVENTOR'S		•	DATE:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
		13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2₌	OF INVENTOR	RIZZOLIO	Michele	Catherine
	INVENTOR'S			DATE:
	SIGNATURE	1		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CH (Switzerland)
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
, ≨	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
	1	Five Moore Drive, PO Box		
,	l	13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
= 2	OF INVENTOR	SCHMITT	Eric	Allen
) <u>.</u>	INVENTOR'S			DATE:
	SIGNATURE			GOLDWIN ON GWIGHNAND
Ď	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP US
	CITIZENSHIP	Libertyville	CITY	STATE & ZIP CODE/COUNTRY
ı	POST OFFICE	POST OFFICE ADDRESS	Libertyville	IL 60048 US
6	ADDRESS	301 Evergreen Court	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME	FAMILY NAME	•	Riddle
*2	OF INVENTOR	SICKLES	Barry	DATE:
1	INVENTOR'S			DAIL
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
7	ADDKESS	Five Moore Drive, PO Box	110000000000000000000000000000000000000	
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